Permit #F00021899

FilmL.A., Inc.
1201 W. 5th Street, Suite T-800
Los Angeles, CA 90017
t: (213)977-8600 - f: (213)977-8601
www.filmla.com

Summary Information

Permit No: F00021899 **Type of Permit:** FILMING **Release Date:** 11/09/2009

Production Company PICTURE VISION PICTURES INC / FREEWILL FILMS

Insured Company Name PICTURE VISION PICTURES INC / FREEWILL FILMS

Contact Phone No. 1 615-244-2060
Contact Phone No. 2 310-925-1320
Fax 615-244-2065
Address 209 10TH AVE SOUTH, SUITE 425
NASHVILLE, Tennessee 37203

Production Title BC OPERATPR

Type of Production Miscellaneous

Producer Jon Small

Director Michael Salomon

1st AD Stan Morse

Production Manager Theresa Marth

FilmL.A. Coordinator Yulizza Ramirez

Location Manager Theresa Marth
Primary Phone Mobile - 818-404-9314
Secondary Phone

Location Assistant N/A N/A
Primary Phone Mobile - N/A
Secondary Phone

Fees

FILMLA FILM APPLICATION FEE	$625.00
LA COUNTY FIRE REVIEW	$104.00

Total Permit Fee $729.00

Number of Locations 1

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Summary Information — Location

Permit Number	F00021899	**Location Manager**	Theresa Marth
Production Company	PICTURE VISION PICTURES INC / ...	Primary Phone	Mobile - 818-404-9314
Insured Company	PICTURE VISION PICTURES INC / ...	Secondary Phone	
Production Title	BC OPERATPR		

Location Address 25975 Sand Canyon Rd, Santa Clarita, CA, 91387

Location Names SABLE RANCH

Location Type Ranch

Location Description SABLE RANCH

Film Dates 11/10/2009 - 11/11/2009 05:30 - 20:00

Open or Closed to the Public Closed

Generic Conditions All vehicles must be parked on private property
Must Maintain 5' Clearance on Sidewalks/Walkways
No Cast and Crew parking on areas streets.
No interference with vehicular or pedestrian traffic

Please see attached document warrantey002.pdf

Equipment on Location

Type	Quantity
4000 gal water truck	1
5 or 10 ton trucks	2
Cast/Crew vehicles	25
Cube Trucks	1
Generator	1
Motor Homes	1
Picture vehicles	1
Vans	1

Personnel on Location

Type	Quantity
Cast	1
Crew	29
LA County FSA assigned	1

Filming Activities Exterior Dialogue; Talent riding horse and being chased by a dog. ; Talent rolling down hills and jumping into car.;

Jurisdiction **Political:** Los Angeles County - Supervisor District 5 **Police:** Los Angeles County Sheriff **Fire:** Los Angeles County

Location Notes

Coordinator Note LA COUNTY FIRE # 09-2458-123, FSA AND 4,000 GALLON WATER TRUCK REQUIRED.

Parking

Base Camp
Location Type : Location
Street :

Crew Parking
Location Type : Location
Street :

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Appointment of Film Permits Unlimited, Inc.
As Authorized Agent and representative

I certify that I am a representative of Picture Vision Pic ("Principal") and am authorized to enter into binding contractual agreements on it's behalf. I further certify that I am authorizes by Principal to appoint other representatives and agents for Principal and to give such representatives and agents authority to enter into and bind Principal to agreements relating to the issuance of and compliance with location film (e.g. theatrical, television, commercial and other motion picture filming) and still photographic permits, including the permits themselves and any riders to such permits. Acting on behalf of Principal in my capacity as its authorized representative, I appoint Film Permits Unlimited, Inc. and it's employees and agents ("FPU") as Principal's authorized representatives and agents to apply for location film (e.g. theatrical, television, commercial and other motion picture filming) and still photographic permits on behalf of Principal through Film LA, Inc., any city and county, or through any other jurisdiction: to negotiate, discuss, accept, modify, agree to and bind Principal to the terms and conditions of such permits (including all restrictions and /or community guidelines applicable to any such permit): and to execute such permits on behalf of Principal. Principal understands, acknowledges and agrees that it (and/or its insurer) remains responsible and liable for all obligations imposed by or Incidental to any permit or rider issued to Principal signed by an employee or agent of (including any coordinator, runner or messenger used by) FPU. Principal further agrees to comply with the terms and conditions of any such permits and hereby appoints FPU as an authorized representative to facilitate compliance with such terms and conditions following issuance of any such permits and to enter into agreements for Principal with respect thereto. Any person, agency, entity, or organization (including Film LA, Inc. and any city county or other jurisdiction) may rely upon this appointment and need not obtain further authorization for any act described herein. An original or faxed copy of this appointment shall be sufficient, and may be treated as an original for all purposes. The appointment may be revoked by Principal at any time in writing, but in any case, shall expire one (1) year from the date of execution set forth below.

I declare under penalty of perjury under the laws of the State of California that I am authorized to appoint FPU as agent for Principal, and based upon that authority I hereby appoint FPU as Principal's agent as set forth herein.

Dated: 9 Nov 09

Name of Principal

By: Theresa Martin
Representative's Signature

Picture Vision Pictures
Print Representative's Name

Prod Supvr
Representative's title

209 10th Ave S. #425
Nashville TN 37203
Principal's Address

615. 244 2840
Principal's Telephone

Film Permits Unlimited, Inc.
Phone (818) 347-9929
Fax (818) 347-9784

Please sign and fax back
Principal = Name of Company

NO PERMIT

Permit #F00021899

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/28/2009

PRODUCER (212)702-3300, Fax(212)702-3333
ENTURA INSURANCE BROKERAGE, INC.
475 PARK AVENUE SOUTH, 17TH FLOOR
NEW YORK NY 10016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
PICTURE VISION PICTURES, INC.
209 10TH AVENUE SOUTH, SUITE 425
NASHVILLE TN 37203

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: FIREMAN'S FUND INSURANCE	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER [X] POLICY [ ] PRO-JECT [ ] LOC	XXC80450704	09/06/2009	09/06/2010	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 1,000,000
		AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
		GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS/UMBRELLA LIABILITY [ ] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [ ] RETENTION $				EACH OCCURRENCE AGGREGATE	$ $
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				[ ] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A		OTHER RENTED CAMERA & MISCELLANEOUS EQUIPMENT	MPT07108835 REPLACEMENT COST	09/06/2009	09/06/2010	LIMIT: $1,000,000 DEDUCTIBLE: $5,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

THE CERTIFICATE HOLDER IS HEREBY INCLUDED AS AN ADDITIONAL INSURED ON THE GENERAL LIABILITY POLICY FOR CLAIMS ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED AND AS A LOSS PAYEE AS THEIR INTEREST MAY APPEAR.

CERTIFICATE HOLDER

County of Los Angeles / FilmL.A. Inc
1201 W. 5th street suite T-800
Los Angeles, CA 90017

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Sherry McCaffrey/CAMIL

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